

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018009

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

296

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 28 1962

## 1. PLACE OF DEATH

a. COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ColumbiaLength of stay in 1b  
43 Yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 705 Hilltop DriveInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Columbia

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
705 Hilltop DriveReside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

PAUL

Middle

FREDERICK

Last

HAZELL

## 4. DATE OF DEATH

Month

May

Day

24

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

5-10-1900

## 9. AGE (last birthday)

62

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Columbia Adjustment Bureau

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Ashland, Missouri12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

S.R. Hazell

## 13b. MOTHER'S MAIDEN NAME

Adeline Lindsey

## 14. NAME OF HUSBAND OR WIFE

Jean Elizabeth Hardesty

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 17. INFORMANT

Address

Mrs. Paul F. Hazell, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of bile duct

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 61 to 24 May 62 and last saw him alive on 23 May '62  
Death occurred at 8 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

RP Laduron MD

## 22b. ADDRESS

Columbia, Mo

## 22c. DATE SIGNED

24 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

May 26, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Columbia Cemetery

## 23d. LOCATION (City, town, or county)

Columbia, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Parker Funeral Service, Columbia, Mo.

## 25. DATE RECD. BY LOCAL REG.

May 25, 1962

## 26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 19 1962  
AUG 21 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald L. Roberts

Licensed Embalmer No. 4722

P.O. Address Columbia MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.